

**DEPARTMENT OF THE NAVY – OUTSIDE THE NATIONAL CAPITAL REGION**  
**MASS TRANSPORTATION FRINGE BENEFIT APPLICATION**  
**(COMPLETE AND PROVIDE TO YOUR LOCAL POC)**

Check one: This is my first application \_\_\_\_\_ This is a revision to a previous application \_\_\_\_\_

**A. Applicant Information:** Please print or type. Application must be filled out completely. Incomplete or illegible applications will not be processed.

Employing Branch of Service: U.S. Navy \_\_\_\_\_ U.S. Marine Corps \_\_\_\_\_ Military Member \_\_\_\_\_ Civilian Employee \_\_\_\_\_

Name: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last 4 digits of Your SSN: \_\_\_\_\_

City (Residence): \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Organization (Command & Office Symbol if applicable): \_\_\_\_\_

U.S. Navy/Marine Corps Installation/Activity: \_\_\_\_\_

Duty Location (City): \_\_\_\_\_

Office Telephone Number (include area code): \_( \_\_\_\_\_ ) \_\_\_\_\_

**MILITARY MEMBERS ONLY**, check the applicable category:

Active Duty Officer \_\_\_\_\_ Active Duty Enlisted \_\_\_\_\_ Reserve Officer \_\_\_\_\_ Reserve Enlisted \_\_\_\_\_

**CIVILIAN EMPLOYEES ONLY**, check the source of funding of your salary:

Appropriated Funds: O&M \_\_\_\_\_ R&D \_\_\_\_\_ Working Capital Fund (WCF) \_\_\_\_\_ Defense Health \_\_\_\_\_

Non-appropriated Funds (NAF): NEX/MCX \_\_\_\_\_ MWR \_\_\_\_\_ Lodging \_\_\_\_\_

Prior to applying for this transportation benefit, did you drive to work or use some form of mass transit? (Check one) Drove \_\_\_\_\_ Used mass transit \_\_\_\_\_

If mass transit, identify the transportation system/company that you use. \_\_\_\_\_

If mass transit, identify the specific type of pass/ticket that you use. \_\_\_\_\_

**B. Mode(s) of Mass Transportation to be used to and from workplace:**

Commuter Bus \_\_\_\_\_ Commuter Train \_\_\_\_\_ Subway/Light Rail \_\_\_\_\_ Van pool \* \_\_\_\_\_ Other (Write in type) \_\_\_\_\_

\* Note- This applies to van pools that satisfy IRC § 132(f) only. Van pool participants **must** complete and turn in the supplemental form – Van Pool Participants.

**C. Employee Certification:**

**WARNING:** This certification concerns a matter with the jurisdiction of an agency of the United States and making a false, fictitious, or fraudulent certification may render the maker subject to criminal prosecution under Title 18, United States Code, Section 1001, Civil Penalty Action, providing for administrative recoveries of up to \$10,000 per violation, and/or agency disciplinary actions up to and including dismissal.

I certify that I am employed by the U.S. Navy or the U.S. Marine Corps.

I certify that I am eligible for a public transportation fare benefit, will use it for my daily commute to and from work while employed by the Department of the Navy, and will not transfer it to anyone else.

I certify that the monthly transit benefit I am receiving does not exceed my monthly commuting costs.

I certify that my usual monthly commuting costs (not including parking fees) are: \$ \_\_\_\_\_

I certify that upon transfer or retirement/resignation I will return my voucher to the installation POC.

I certify that this information is accurate and agree to notify the installation POC of any change to employee status.

**Note: The current maximum benefit amount available is \$65 a month. Please indicate your estimated transportation cost above. Benefits will be paid in the form of transportation vouchers wherever possible.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRIVACY ACT STATEMENT:** This information is solicited under authority of Public Law 101-509. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request for the mass transportation fringe benefit. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to prevent misuse of the funds involved. This information will be matched with lists at other Federal agencies to ensure that you are not listed as a carpool or van pool participant or a holder of any other form of vehicle worksite parking permit with DoD or any other Federal agency.